

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



The Basics of Medicare Enrollment for Institutional Providers

PROVIDER–SUPPLIER ENROLLMENT FACT SHEET SERIES





Institutional providers must enroll in the Medicare Program using the Medicare Enrollment Application for Institutional Providers (Form CMS-855A) in order to be eligible to receive Medicare payment for covered services provided to Medicare beneficiaries. This fact sheet provides education on basic Medicare enrollment information and how to ensure institutional providers are qualified and eligible to enroll in the Medicare Program.

Enrollment and the Requirement to Obtain a National Provider Identifier (NPI)

An institutional provider must obtain a National Provider Identifier (NPI) prior to submitting a Medicare enrollment application as that NPI must be reported on the enrollment application. Enrolling in Medicare authorizes an institutional provider to bill and be paid for covered services furnished to Medicare beneficiaries.

If the institutional provider does not already have an NPI, one may apply for one at <https://nppes.cms.hhs.gov>, or by completing the CMS-10114 (NPI Application/Update Form) and mailing it to the NPI Enumerator (the mailing address is on the form). For assistance, please call the NPI Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.

How to Enroll

A designated Medicare enrollment contractor (i.e., fiscal intermediary/AB Medicare Administrative Contractor) will process the enrollment application and verify the information provided. During the processing of the institutional provider's application, the contractor may require additional information. It is important to respond to any requests from the Medicare enrollment contractor as soon as possible. Failure to do so may delay the enrollment.

In addition to completing and submitting an enrollment application and all required supporting documentation to the designated Medicare enrollment contractor, newly-enrolling institutional providers must also simultaneously contact their local State Survey Agency (SA).

NOTE: Certain institutional provider types may elect voluntary accreditation by a CMS-recognized accrediting organization in lieu of an SA survey.

The survey process is used to determine whether the institutional provider meets the requirements for participation in the Medicare Program. Failure to contact the SA or Medicare-approved accreditation organization in a timely manner may delay enrollment into the Medicare Program.



How to Report Changes

Once enrolled, an institutional provider must notify its designated Medicare enrollment contractor within 90 days of any change in the enrollment information. Changes of information are submitted in the same manner used to initiate the Medicare enrollment process. A change of ownership or control and adverse legal action must be reported within 30 days.

Enrollment Process

The process for becoming an enrolled institutional Medicare provider is as follows:

1. A representative of the institutional provider uses the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) and submits the enrollment application over the Internet, or the representative completes and submits the Medicare Enrollment Application for Institutional Providers (Form CMS-855A) to the designated Medicare enrollment contractor.
2. The Medicare enrollment contractor reviews the Internet or paper application and makes a recommendation for approval or denial to the applicable Centers for Medicare & Medicaid Services (CMS) Regional Office (RO).
3. Once the contractor makes a recommendation to approve enrollment, the SA or, if applicable, a CMS-recognized accrediting organization conducts a survey. Based on the survey results, the SA makes a recommendation for approval or denial (a certification of compliance or noncompliance) to the CMS RO.
4. The CMS RO makes the final decision regarding program eligibility. The CMS RO also works with the Office for Civil Rights to obtain the necessary Civil Rights clearances. If approved, the Authorized Official of the institutional provider must typically sign a provider agreement.

Enrollment Process Enhancements

Filing and tracking Medicare enrollment records and specialty status in Internet-based PECOS has never been easier!

Recent enhancements provide an improved submission process, simpler directions for signing up, a clearer process for follow-up, and a **15-day submission** time frame to submit signed paperwork (instead of 7 days).

A **new application status module** has been added for checking whether enrollment applications have been:

- Received by the Medicare enrollment contractor;
- Reviewed by the Medicare enrollment contractor;
- Returned for additional information; or
- Approved or rejected.

When you are ready to enroll or make changes to your enrollment information, visit the Provider-Supplier Enrollment web page at <http://www.cms.gov/MedicareProviderSupEnroll> to access and download the enrollment application for institutional providers (CMS-855A), access and learn about Internet-based PECOS, find responses to frequently asked questions, and find telephone and mailing address information for the Medicare enrollment contractor serving your area. This web page also contains information about the SA that is responsible for certifying your institutional provider type.

To initiate the enrollment process, the following institutional providers must complete the Medicare Enrollment Application for Institutional Providers (Form CMS-855A) or use Internet-based PECOS to submit an enrollment application:

- Community Mental Health Centers (CMHCs),
- Comprehensive Outpatient Rehabilitation Facilities (CORFs),
- Critical Access Hospitals (CAHs),
- End-Stage Renal Disease (ESRD) facilities,
- Federally Qualified Health Centers (FQHCs),
- Histocompatibility laboratories,
- Home Health Agencies (HHAs),
- Hospice organizations,
- Hospitals,
- Indian Health Service (IHS) facilities,
- Organ procurement organizations,
- Outpatient Physical Therapy/Occupational Therapy/Speech Pathology Services,
- Religious non-medical health care institutions,
- Rural Health Clinics (RHCs), and
- Skilled Nursing Facilities (SNFs).

If your institutional provider type is not listed above, contact your designated Medicare enrollment contractor before you complete and submit the Medicare enrollment application.

Effective March 25, 2011, all institutional providers of medical or other items or services or suppliers must pay an application fee. ("Institutional provider" includes any provider or supplier that submits a paper Medicare enrollment application using Form CMS-855A, Form CMS-855B [not including physician and non-physician practitioner organizations], Form CMS-855S, or the associated Internet-based PECOS enrollment applications.) Application fees do not apply to physicians, non-physician practitioners, physician organizations, and non-physician organizations. The application fee will vary from year to year.



NOTE: CMS and its contractors will not be able to process any applications without the proper application fee having been paid and credited to the United States Treasury or an approved hardship exception. If the fee or the hardship exception is not submitted with the CMS enrollment, the application will be rejected or billing privileges revoked (as applicable). The provider or supplier must pay the application fee electronically through <http://www.pay.gov> on the Internet, via credit card or debit card. CMS will provide to Medicare enrollment contractors, on a regular basis, a listing of providers and suppliers that have paid an application fee. However, providers and suppliers are strongly encouraged to submit a copy of their <http://www.pay.gov> receipt of payment with their application. Requests for hardship exceptions should be submitted to the Medicare enrollment contractor. CMS will make a determination on whether to grant the request on a case-by-case basis.

Resources

- For more information about the Medicare enrollment process, visit the Medicare Provider-Supplier Enrollment web page at <http://www.cms.gov/MedicareProviderSupEnroll> on the CMS website.
- To access Internet-based PECOS, visit <https://pecos.cms.hhs.gov/pecos/login.do> on the CMS website. To report an Internet-based PECOS navigation, access, or printing problem, contact the CMS External User Services (EUS) Help Desk at 1-866-484-8049, or send an e-mail to EUSSupport@cgi.com.
- Please contact the designated Medicare enrollment contractor for your State about any additional questions regarding the Medicare enrollment process. Medicare provider enrollment contact information for each State can be found at http://www.cms.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf on the CMS website.



This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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